



**Inspection Report
under the *Long-Term
Care Homes Act, 2007***

**Rapport d'inspection
prévue le *Loi de 2007
les foyers de soins de
longue durée***

Ministry of Health and Long-Term Care
Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

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Division de la responsabilisation et de la performance du
système de santé
Direction de l'amélioration de la performance et de la
conformité

	Licensee Copy/Copie du Titulaire	<input checked="" type="checkbox"/> Public Copy/Copie Public
Date(s) of inspection/Date de l'inspection November 3 and 4, 2010	Inspection No/ d'inspection 2010_168_2741_03Nov094245	Type of Inspection/Genre d'inspection Complaint and Critical Incident Inspections H-01608 H-01660 H-01663 H-01371 H-01370 H-01369
Licensee/Titulaire Grace Villa Limited 284 Central Avenue London ON N6B 2C8 Fax 519-672-8729		
Long-Term Care Home/Foyer de soins de longue durée Grace Villa Nursing Home 45 Lockton Crescent Hamilton ON L8V 4V5		
Name of Inspectors/Nom de l'inspecteurs Lisa Vink, #168		
<p>The purpose of this inspection was to conduct a complaint/critical incident inspection.</p> <p>During the course of the inspection, the inspector spoke with: The Administrator, Director of Nursing, the charge Registered Nurse, front line staff and the resident.</p> <p>During the course of the inspection, the inspectors: Reviewed clinical records, reviewed policies and procedures where relevant, observed care and interviewed staff.</p> <p>The following Inspection Protocols were used during this inspection: Responsive Behaviours</p> <p>4 Findings of Non-Compliance were found during this inspection. The following action was taken: [4] WN [4] VPC</p>		

NON- COMPLIANCE / (Non-respectés)
Definitions/Définitions

WN – Written Notifications/Avis écrit
VPC – Voluntary Plan of Correction/Plan de redressement volontaire
DR – Director Referral/Régisseur envoyé
CO – Compliance Order/Ordres de conformité
WAO – Work and Activity Order/Ordres: travaux et activités

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Non-compliance with requirements under the *Long-Term Care Homes Act, 2007* (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)

Le suivant constituer un avis d'écrit de l'exigence prévue le paragraphe 1 de section 152 de les foyers de soins de longue durée.

Non-respect avec les exigences sur le *Loi de 2007 les foyers de soins de longue durée* à trouvé. (Une exigence dans le loi comprend les exigences contenues dans les points énumérés dans la définition de "exigence prévue par la présente loi" au paragraphe 2(1) de la loi.

WN #1: The Licensee has failed to comply with LTCHA, 2007, S.O 2007, c8, s. 19(1)

Every licensee of a long-term care home shall protect residents from abuse by anyone and shall ensure that residents are not neglected by the licensee or staff.

Findings:

1. In September 2010, during an episode of agitation, an identified resident, who is known to demonstrate responsive behaviours, physically moved another resident. Documentation indicates that as a result of this episode the resident was very upset and received analgesic for pain. The licensee did not protect the resident from abuse in September 2010.

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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance for, protecting residents from abuse by anyone, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s. 6(1)(c)

Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,
(c) clear directions to staff and others who provide direct care to the resident.

Findings:

An identified resident recently sustained an injury which resulted in significant changes to his level of care and physical abilities. Since this time, the document that staff refer to as his "care plan" has been partially revised. The current document does not provide accurate or contains conflicting information regarding the care needs of the resident specifically related to medication usage and the management of his gait. It is also noted that the care plan available for front line staff reference on November 3, 2010, does not include all of the revised interventions from members of the care team.

Inspector ID #:	168
Additional Required Actions:	
VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance for, ensuring that the written plan of care gives clear direction to staff providing care, to be implemented voluntarily.	

WN #3: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s. 6(10)(b)	
The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, (b) the resident's care needs change or care set out in the plan is no longer necessary.	
1. The family of an identified resident has indicated that as a result of an incident in September 2010, the home implemented a specific intervention in an effort to prevent reoccurrence. Family report that this intervention is not consistently implemented. In reviewing the resident's plan of care there is no mention of this intervention and no directions for staff. Staff interviews conducted November 3, 2010, confirms the intervention was in place since early September 2010 until such time that it was no longer needed. The resident's plan of care was not revised with the changes in the care needs of the resident.	
Inspector ID #:	168
Additional Required Actions:	
VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance for, ensuring that residents are reassessed and the plan of care reviewed and revised when the resident's care needs change, to be implemented voluntarily.	

WN #4: The Licensee has failed to comply with LTCHA, 2007, S.O. 2007 c.8, s. 6(7)	
The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.	
Findings:	
1. An identified resident is known to demonstrate behaviours. In response to these behaviours the home identified this need on the resident's plan of care and has included goals for the resident as well as interventions to direct staff in an effort to prevent, manage or control the responsive behaviours in September 2010. These interventions include, but are not limited to: <ul style="list-style-type: none"> • Nursing should always do a complete set of vital signs and capillary blood glucose after each episode of responsive behaviour and repeat; • Identified the staff levels provided for during the behaviour ; • Observational charting to be completed every 15 minutes; and • Ensure he receives medication routinely and as needed, as ordered. 	



In the reviewing the resident's clinical record it was identified that on four occasions in September 2010, when the resident exhibited responsive behaviours the staff did not follow the resident's plan of care for some or all of the interventions listed above. The resident did not receive the care set out in his plan of care on the dates identified.

Inspector ID #: 168

Additional Required Actions:

VPC - pursuant to the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance for, ensuring that the care set out in the care plan is provided to the resident, to be implemented voluntarily.

Signature of Licensee or Representative of Licensee
Signature du Titulaire du représentant désigné

Signature of Health System Accountability and Performance Division
representative/Signature du (de la) représentant(e) de la Division de la
responsabilisation et de la performance du système de santé.

Handwritten signature: [Signature] - Dec 7/10

Title: Date:

Date of Report: (if different from date(s) of inspection).